NHS

Detailed requirements for external assurance for quality reports 2019/20

February 2020

NHS England and NHS Improvement

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Applicability of this document

The requirements of this document are only mandatory for NHS foundation trusts. All organisations prepare quality accounts but only NHS foundation trusts are required to produce quality reports and obtain external assurance in line with this guidance.

NHS trusts are asked by the Department of Health and Social Care to obtain external assurance on quality accounts in a similar manner to previous years. NHS trusts may wish to apply elements of this guidance instead, in particular in selecting indicators to be subject to assurance (if the trust discloses the indicators in their quality account) from this document. The concept of assurance on a 'local indicator' set out in this guidance need not apply to NHS trusts, but a trust can commission such a review from its external auditor if it wishes. An NHS trust wishing to appoint its auditor to complete assurance work like that at foundation trusts should discuss this with their auditor.

Introduction

Patients want to know they are receiving the very best quality of care. Providers of NHS healthcare are required to publish a quality account each year. These are required by the Health Act 2009, and in the terms set out in the National Health Service (Quality Accounts) Regulations 2010 as amended[1] ('the quality accounts regulations'). Information on quality accounts can be found on the NHS website (formerly NHS choices) at http://www.nhs.uk/quality-accounts.

NHS England and NHS Improvement also require all NHS foundation trusts to produce reports quality reports as part of their annual reports. Quality reports help trusts to improve public accountability for the quality of care they provide. The quality report incorporates all the requirements of the quality accounts regulations as well as our extra reporting requirements.

We also require foundation trusts to obtain external assurance on their quality reports. Subjecting them to independent scrutiny improves the quality of data on which performance reporting depends.

These requirements are part of our requirements to foundation trusts on the information to include in their annual reports.[2]

This document

This document describes the detailed requirements for the external assurance on quality reports. The requirements for the content of the quality report (incorporating the quality accounts requirements) are published separately in our document *Detailed requirements for quality reports.*[3]

[1] SI 2010/279; as amended by the NHS (Quality Accounts) Amendments Regulations 2011 (SI 2011/269, the NHS (Quality Accounts) Amendments Regulations 2012 (SI 2012/3081) and the NHS (Quality Accounts) Amendment Regulations 2017 (SI 2017/744).
[2] See paragraph 26 of Schedule 7 to the National Health Service Act 2006.
[3] https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-requirements

1. Overview of requirements

1.1. NHS foundation trust requirements

The external assurance engagements on quality reports will require NHS foundation trusts to:

- include a brief description of the key controls in place to prepare and publish a quality report in the annual governance statement in the published accounts
- sign a statement of directors' responsibilities on the quality report for including in the quality report and annual report
- include the signed limited assurance report provided by their auditors on the content of the quality report and the mandated indicators in the quality report (and therefore in the annual report)
- submit a copy of their auditors' report on the outcome of the external work performed on the content of the quality report, and the mandated and local indicators, to NHS Improvement and to their council of governors. This is referred to as the governors' report to distinguish it from the limited assurance report.

Section 1.3 summarises the changes in this document compared with 2018/19.

1.2. NHS foundation trust auditor requirements

The external assurance engagements on quality reports will require NHS foundation trust auditors to:

- review the content of the quality report against the requirements set out in the *NHS foundation trust annual reporting manual 2019/20*,[4] which is supported by the quality reports requirements in NHS Improvement's *Detailed requirements for quality reports 2019/20*[5]

[4] https://improvement.nhs.uk/resources/nhs-foundation-trust-annual-reporting-manual/
[5] https://improvement.nhs.uk/resources/nhs-foundation-trust-quality-reports-requirements

- review the content of the quality report for consistency against the other information sources detailed in Section 2.1 of this guidance
- provide a signed limited assurance report in the quality report on whether anything has come to the attention of the auditor that leads them to believe that the quality report has not been prepared in line with the requirements set out in the *NHS foundation trust annual reporting manual* and accompanying guidance and/or is not consistent with the other information sources detailed in Section 2.1 of this guidance
- undertake substantive sample testing on two mandated performance indicators and one locally selected indicator (to include, but not necessarily be limited to, an evaluation of the key processes and controls for managing and reporting the indicators and sample testing of the data used to calculate the indicator back to supporting documentation)
- provide a signed limited assurance report in the quality report on whether there is evidence to suggest that the two mandated indicators have not been reasonably stated in all material respects in accordance with the *NHS foundation trust annual reporting manual* and supporting guidance
- provide a report to the NHS foundation trust's council of governors and board of directors (the governors' report) of their findings and recommendations for improvements on the content of the quality report, the mandated indicators and the locally selected indicator.

More detail on the scope of the work for NHS foundation trust auditors is provided along with further guidance as set out below.

- Annex 5 to Chapter 2 of the *NHS foundation trust annual reporting manual 2019/20* provides wording to include with the annual governance statement.
- Annex 2 of *Detailed requirements for quality reports 2019/20* provides a pro forma statement of directors' responsibilities for the quality report.
- Annex A of this document provides guidance on the wording for the limited assurance report for 2019/20.
- Annex B of this document provides a timetable for key submissions.
- Annex C of this document sets out definitions for the mandated indicators.

1.3. Summary of changes compared with 2018/19

Content of quality report

There are three areas where requirements for the quality report have changed in 2019/20:

- The extra considerations for reporting included in the letter setting out quality accounts requirements have changed.
- A footnote has been added for the out-of-date reference in the quality accounts regulations to the Information Governance Toolkit.
- The indicators to be disclosed by ambulance trusts in part 3 of the quality report have been updated.

More details on these changes are in *Detailed requirements for quality reports 2019/20*.

Assurance on the quality report

The main changes in 2019/20 are as follows:

- The indicators for assurance as part of the limited assurance opinion have changed as follows:
  - For NHS foundation trusts providing acute services, the order of selection of indicators has changed. For many acute trusts this will result in the four-hour A&E and referral to treatment (18 weeks incomplete) indicators being subject to assurance. This change results from our intention to refresh selected indicators each year. Providers should not infer that data quality for cancer waiting times reporting has diminished in importance; where applicable, providers should continue to implement recommendations for improvement provided by auditors in the prior year.
  - For mental health NHS foundation trusts, the ordering of the inappropriate out-of-area placements and early intervention in psychosis indicators has been swapped to reflect national priorities, but this will not change the indicators being tested in practice.
- The local indicator will revert to being freely determined by the governors of the NHS foundation trust.

2. Detailed scope of work for NHS foundation trust auditors for 2019/20

2.1. Auditors' limited assurance report on the content of the quality report

The NHS foundation trust's auditors are required to review the content of the quality report. This will involve:

1. reviewing the content of the quality report against the requirements of NHS Improvement's published guidance, which are specified in the *NHS foundation trust annual reporting manual 2019/20* and supporting guidance.

2. reviewing the content of the quality report for consistency with:

    - board minutes for the financial year and up to the date of signing the limited assurance report (the period)
    - papers relating to the quality report reported to the board over the period
    - feedback from commissioners
    - feedback from governors
    - feedback from local Healthwatch organisations
    - feedback from the overview and scrutiny committee
    - the trust's complaints report published under Regulation 18 of the Local Authority, Social Services and NHS Complaints (England) Regulations 2009
    - feedback from other named stakeholder(s) involved in the sign-off of the quality report
    - latest national and local patient survey
    - latest national and local staff survey
    - the head of internal audit's annual opinion over the trust's control environment

- Care Quality Commission inspection report.

The auditor should consider the processes NHS foundation trusts have used to engage with stakeholders. The auditor will provide a limited assurance report on the content of the quality report, as set out in Annex A to this guidance, and a report on the key findings and recommendations concerning the content of the quality report. We expect auditors to detail the information reviewed in the limited assurance report (as set out in Annex A).

2.2. Auditors' report on performance indicators for 2019/20

A. Assurance on mandated indicators

Auditors will provide a limited assurance report on whether, based on the procedures performed and evidence obtained, anything has come to their attention that causes them to believe that the two mandated indicators have not been prepared, in all material respects, in accordance with the applicable criteria. Guidance for the wording of the limited assurance report is set out in Annex A.

The NHS foundation trust's auditors will undertake substantive sample testing of the mandated indicators included in the quality report as follows:

NHS foundation trusts providing acute services

NHS foundation trusts providing acute services should select two indicators that are relevant for the trust. These should be selected from the following list in order (ie if (1) and (2) below are both reportable then those should be selected):

1. percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

2. percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period

3. maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers[6]

4. emergency readmissions within 28 days of discharge from hospital.

If there are not two indicators in the above list that are relevant for your trust, the foundation trust should select an additional indicator(s). Two indicators should be subject to the limited assurance report. Guidance on choosing an extra indicator is below.

NHS foundation trusts focusing on specialist services

Specialist NHS foundation trusts should follow the same guidance as acute NHS foundation trusts above.

NHS foundation trusts providing mental health services

NHS foundation trusts providing mental health services should select two indicators that are relevant for the trust. These should be selected from the following list in order (ie if (1) and (2) below are both reportable then those should be selected):

1. inappropriate out-of-area placements for adult mental health services[7]

2. early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE)-approved care package within two weeks of referral

3. improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral

4. 100% enhanced Care Programme Approach (CPA) patients receiving follow-up contact within seven days of discharge from hospital.

[6] For trusts with cancer patients where the 62-day pathway does not apply or there are only a very few patients to whom this applies, the trust may substitute this with a 31-day cancer wait indicator if desired. If this is selected, foundation trusts must ensure performance for the indicator is disclosed in Part 3 of the quality report.
[7] The disclosure in the quality report is the number of bed days spent inappropriately out of area, presented as an average per month. The *Detailed requirements for quality reports* document does not require disclosure where the average per month is seven or fewer. Where the figure disclosed is less than 10, and/or the total number of inappropriate bed days is fewer than 120 in the year, then this indicator should not be selected for assurance and the auditor should select the next indicator from the list above.

Ambulance NHS foundation trusts

Two indicators from the following three:

1. Category 1 (C1) – life-threatening calls - mean response time
2. Category 2 (C2) – emergency calls – mean response time
3. stroke 60 minutes: proportion of FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines arriving at hospitals with a hyperacute stroke centre within 60 minutes of call connecting to the ambulance service.

NHS foundation trusts providing community services

Community NHS foundation trusts should select two indicators that are relevant for the trust. Two should be selected in the following order of preference (ie if (1) and (2) are both reportable then those are selected):

1. percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period
2. emergency readmissions within 28 days of discharge from hospital
3. maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers.[6]
4. other indicator(s) included within the quality report. Guidance on choosing an extra indicator (if this is required) is provided below.

For NHS foundation trusts providing a mix of different types of services

NHS foundation trusts providing a mix of different services should follow the guidance above for the category of services from which they receive most of their income.

Guidance for all NHS foundation trusts

If an NHS foundation trust is not required to report the indicators that have been mandated or has no reported cases under those indicators, the governors, in

consultation with the auditors, must select an alternative to ensure at least two indicators are subject to a limited assurance report. The purpose of consulting the auditors in this case is to ensure that the alternative indicator can reasonably be subject to a limited assurance report.

If an NHS foundation trust has only a very few cases subject to the mandated indicators, they may wish to consider whether to subject a third indicator to a limited assurance report. This indicator must be selected by the governors, in consultation with the auditors.

Definitions for the mandated indicators above are set out in Annex C.

It may be helpful to the readers of the quality report if the NHS foundation trust includes a detailed definition of the mandated indicators in the quality report.

Approach when a mandated indicator is currently not being reported

In some instances, a foundation trust may have a planned failure to report an indicator, where the board has assessed that its data is insufficiently robust to report it. Where a mandated indicator set out above is relevant for the trust, but the trust is not fully reporting:

- If a figure for the indicator is presented in the quality report it should be subject to assurance as normal.
- If no figure is presented for the indicator in the quality report the selection for assurance should move to the next indicator in the list above. The auditor should clearly refer to this in the 'scope' section of their limited assurance opinion but the limited assurance opinion would not be modified for this indicator (as it would not be tested).
- Where an indicator is not being reported, the auditor should examine whether the trust has a valid reason for not reporting and a plan to remedy its non-reporting. The trust should present to the auditor its evidence to support the assertion made in the statement of directors' responsibilities. If the auditor assesses that the trust does not have a valid reason for its non-reporting or cannot find evidence of a plan to remedy this being put in place, the auditor should explain this in the governors' report. Auditors are not expected to assure the robustness of the trust's plan to remedy its non-reporting or comment on this and should make this clear in the governors'

report. For the avoidance of doubt, the requirements of this paragraph do not extend to the auditors' limited assurance report but auditors may comment if they wish.

B. Testing strategy for mandated indicators

We do not propose to define a testing strategy for the indicators selected. This will be for the NHS foundation trust's auditor to determine as it will, in part, be determined by the specific processes and controls at each NHS foundation trust.

In testing mandated indicators, auditors will need to document the systems used to produce the specified indicators, perform a walkthrough of the system to get an understanding of the data collection process, and then test the indicators substantively against supporting documentation to get assurance on the six dimensions of data quality outlined below:

- **Accuracy:** is data recorded correctly and is it in line with the methodology for calculation?
- **Validity:** has the data been produced in compliance with relevant requirements?
- **Reliability:** has data been collected using a stable process in a consistent manner over a period of time?
- **Timeliness:** is data captured as close to the associated event as possible and available for use in a reasonable time period?
- **Relevance:** does all data used to generate the indicator meet eligibility requirements as defined by guidance?
- **Completeness:** is all relevant information, as specified in the methodology, included in the calculation?

The auditor will provide a report on findings and recommendations for improvements on the mandated indicators to the board of directors and the council of governors of the NHS foundation trust.

C. Assurance on local indicator

NHS foundation trusts also need to get assurance through substantive sample testing over one local indicator included in the quality report. Although the foundation trust's external auditors will be required to do the work, we do not propose that they will have to provide a limited assurance report over this indicator in 2019/20 (although we may review this in future years). Depending on the specialist nature of the indicator selected, external auditors may wish to build on the expertise of others, including internal auditors' peer review, specialist review or a combination of these methods. The local indicator will be selected by the trust's governors.

The local indicator should be selected by the governors of the trust based on local priorities.

We do not propose to define a testing strategy for the local indicator. This will be for the auditor to determine as it will, in part, be determined by the specific processes and controls in place at each NHS foundation trust. In undertaking their tests, and in anticipation of potentially providing a limited assurance report for this indicator in future years, auditors are expected to follow the guidance relating to other mandated indicators as set out in Section 2.2B above.

The auditor will provide a report on findings and recommendations for improvements on this indicator to the board of directors and the council of governors of the NHS foundation trust.

3. Auditor reporting

3.1. Form of reporting

Auditors' work to provide assurance on quality reports is an 'engagement' carried out with reference to the International Standard on Assurance Engagements (ISAE) 3000. ISAE 3000[8] refers to different forms of the limited assurance report based on the results of the engagement.

Based on ISAE 3000 the auditors' limited assurance report can take the following forms:

- **Unmodified:** based on the procedures performed and evidence obtained, no matter(s) has come to the auditor's attention that causes them to believe that the quality report has not been prepared, in all material respects, in accordance with the applicable criteria.
- **Unmodified with emphasis of matter:** it may be necessary to draw readers' attention to a matter disclosed in the quality report that, in the auditor's judgement, is so important it is fundamental to readers' understanding of the quality report.
- **Modified:**
  - Disclaimer of conclusion: in the auditor's judgement, a scope limitation exists and the effect of the matter could be material and pervasive.
  - Adverse conclusion: in the auditor's judgement, the quality report (or element of it) is materially misstated and pervasive to the overall report.
  - Qualified: in the auditor's judgement, the effects of a scope limitation or misstatement are not so material or pervasive as to require a disclaimer of conclusion or adverse conclusion. A qualified conclusion is expressed as being 'except for' the effects, or possible effects, of the matter to which the qualification relates.

A modified limited assurance opinion should take the form of one of these above, rather than the scope of the engagement being varied as a result of findings.

[8] www.ifac.org/publications-resources/international-standard-assurance-engagements-isae-3000-revised-assurance-enga

It is a matter for the auditor's judgement whether identified findings are pervasive to the overall report. For example, an auditor may identify issues in testing two indicators that lead to qualifications about those conclusions but not consider them to be pervasive, so these issues would not lead to a disclaimer of conclusion overall. Alternatively, the auditor may issue a disclaimer of conclusion if they consider the issues are pervasive.

If the auditor modifies the limited assurance opinion, they must briefly describe the reasons for the modification. The private report to governors will set out further details, including corresponding recommendations.

3.2. Ongoing advice and support

Any queries relating to quality reports assurance should be addressed to Provider.Accounts@improvement.nhs.uk. Please put 'Quality report assurance' in the subject field.

3.3. Auditor's deliverables and timescales

The deliverables from the work by the NHS foundation trust's auditor are as follows:

- a limited assurance report on the content of the quality report
- a limited assurance report on the mandated performance indicators
- a report addressed to the NHS foundation trust's council of governors and board of directors (governors' report) which provides:
  - the scope of review
  - details of the audit findings under each area tested
  - recommendations for improvement.

The deadline for submission of the governors' report to NHS Improvement will be in line with the financial reporting deadlines, as detailed in Annex B. It is expected that the governors' report will be presented to the NHS foundation trust's audit committee before it is submitted to NHS England and NHS Improvement.

Annex A: Limited assurance report on the content of the quality reports and mandated performance indicators

[Square brackets indicate an instruction rather than *pro forma* wording.]

Independent auditor's report to the council of governors of XYZ NHS Foundation Trust on the quality report

We have been engaged by the council of governors of XYZ NHS Foundation Trust to perform an independent assurance engagement in respect of XYZ NHS Foundation Trust's quality report for the year ended 31 March 2020 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2020 subject to limited assurance consist of the national priority indicators as mandated by NHS Improvement:

[Here, list the indicators and page numbers if necessary.]

We refer to these national priority indicators collectively as the 'indicators'.

Respective responsibilities of the directors and auditors

The directors are responsible for the content and the preparation of the quality report in accordance with the criteria set out in the *NHS foundation trust annual reporting manual* issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS foundation trust annual reporting manual* and supporting guidance
- the quality report is not consistent in all material respects with the sources specified in [here, include source or list] and
- the indicators in the quality report identified as having been the subject of limited assurance in the quality report are not reasonably stated in all material respects in accordance with the *NHS foundation trust annual reporting manual* and supporting guidance and the six dimensions of data quality set out in the *Detailed requirements for external assurance on quality reports*.

We read the quality report and consider whether it addresses the content requirements of the *NHS foundation trust annual reporting manual* and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the quality report and consider whether it is materially inconsistent with [either refer back to the specified documents in the guidance, or list those documents below:

- board minutes for the period April 2019 to [the date of signing of the limited assurance opinion]
- papers relating to quality reported to the board over the period April 2019 to [the date of signing of the limited assurance opinion]
- feedback from commissioners, dated XX/XX/20XX
- feedback from governors, dated XX/XX/20XX
- feedback from local Healthwatch organisations, dated XX/XX/20XX
- feedback from the overview and scrutiny committee dated XX/XX/20XX
- the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/20XX
- the [latest] national patient survey, dated XX/XX/20XX
- the [latest] national staff survey, dated XX/XX/20XX
- Care Quality Commission inspection, dated XX/XX/20XX

- the Head of Internal Audit's annual opinion over the trust's control environment, dated XX/XX/20XX and
- any other information included in our review.]

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the 'documents'). Our responsibilities do not extend to any other information.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of XYZ NHS Foundation Trust as a body, in reporting XYZ NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the annual report for the year ended 31 March 2020, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and XYZ NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) *Assurance Engagements other than Audits or Reviews of Historical Financial Information*, issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- testing key management controls
- [here, include analytical procedures]

- limited testing, on a selective basis, of the data used to calculate the indicator against supporting documentation
- comparing the content requirements of the *NHS foundation trust annual reporting manual* to the categories reported in the quality report
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the quality report in the context of the criteria set out in the *NHS foundation trust annual reporting manual* and supporting guidance.

The scope of our assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by XYZ NHS Foundation Trust.

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2020:

- the quality report is not prepared in all material respects in line with the criteria set out in the *NHS foundation trust annual reporting manual* and supporting guidance

- the quality report is not consistent in all material respects with the sources specified in [here, include source] and
- the indicators in the quality report subject to limited assurance have not been reasonably stated in all material respects in accordance with the *NHS foundation trust annual reporting manual* and supporting guidance.

Audit firm
[Chartered Accountants
City]
Date

Annex B: Quality reporting deadlines

Requirement	Included in published 2019/20 annual report and accounts?	Deadline for submission	Submitted to
Annual report, including: • the annual governance statement (which includes a brief description of key controls in place to prepare and publish a quality report) • the quality report, including: – the statement of directors' responsibilities for the content of the quality report and mandated performance indicators (as incorporated into the quality report) – the limited assurance report on the content of the quality report and mandated performance indicators (as incorporated into the quality report).	Yes	29 May 2020, noon	NHS Improvement. See timetable letter[9] for more details.
Submission of the governors' report	No	29 May 2020, 5pm	NHS Improvement. See timetable letter for more details.
Quality accounts to meet Department of Health and Social Care requirements	No	30 June 2020	Uploaded to NHS website

[9] https://improvement.nhs.uk/resources/financial-reporting/#timetable_letter_201920

Annex C: Mandatory performance indicator definitions

NHS Improvement does not set definitions for indicators, but for convenience and to address potential inconsistencies between sources, we provide definitions for the mandated quality report indicators and require that these are used for 2019/20 quality reports. Further details on reportable indicators are provided in the annexes to the *NHS Oversight Framework*.[10]

To improve the consistency in indicator definitions, NHS Digital has published further information at https://digital.nhs.uk/data-and-information

Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways

Source of indicator definition and detailed guidance

The indicator is defined in the technical definitions that accompany *Everyone counts: planning for patients 2014/15-2018/19* at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf

Detailed rules and guidance for measuring referral to treatment (RTT) standards are at https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-guidance/

Detailed descriptor

EB3: The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period

Numerator

The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks

[10] https://improvement.nhs.uk/resources/nhs-oversight-framework-201920/

Denominator

The total number of patients on an incomplete pathway at the end of the reporting period

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: *NHS Constitution Measures*).

Indicator format

Reported as a percentage

Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

Source of indicator definition and detailed guidance

The indicator is defined in the technical definitions that accompany *Everyone counts: planning for patients 2014/15 - 2018/19* at https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf

Detailed rules and guidance for measuring A&E attendances and emergency admissions are at https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf

Additional information

Paragraph 6.8 of the NHS England guidance referred to above gives further guidance on inclusion of a type 3 unit in reported performance:

> *We are an acute trust. Can we record attendances at a nearby type 3 unit in our return?*
>
> *Such attendances can be recorded by the trust in the following circumstances.*

a) The trust is clinically responsible for the service. This will typically mean that the service is operated and managed by the trust, with the majority of staff being employees of the trust. A trust should not assume responsibility for reporting activity for an operation if the trust's involvement is limited to clinical governance.

b) The service is run by an IS provider on the same site as a type 1 unit run by the trust. This would need to be agreed by the parties involved, and only one organisation should report the activity.

Where an NHS foundation trust has applied criterion (b) and is including type 3 activity run by another provider on the trust site as part of its reported performance, this will therefore be part of the population of data subject to assurance work.

In rare circumstances there may be challenges in arranging for the auditor to have access to the third party data. In this scenario the NHS foundation trust may present an **extra** indicator in the quality report which only relates to its own activity and have this reported indicator be subject to the limited assurance opinion.

Numerator

The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge. Calculated as:

(Total number of unplanned A&E attendances) – (Total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge)

Denominator

The total number of unplanned A&E attendances

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: https://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitution measures).

Indicator format

Reported as a percentage

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

Detailed descriptor[11]

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

Data definition

All cancer two-month urgent referral to treatment wait

Numerator

Number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)

Denominator

Total number of patients receiving first definitive treatment for cancer following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)

Accountability

Performance is to be sustained at or above the published operational standard. Details of current operational standards are available at: www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf (see Annex B: NHS Constitution measures).

Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral

[11] Cancer referral to treatment period start date is the date the acute provider receives an urgent (two-week wait priority) referral for suspected cancer from a GP and treatment start date is the date first definitive treatment starts if the patient is subsequently diagnosed. For further detail refer to technical guidance at www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_131880

Detailed descriptor

The proportion of people experiencing first episode psychosis or 'at-risk mental state' who wait two weeks or less to start NICE-recommended package of care

Numerator

The number of referrals to and within the trust with suspected first episode psychosis or 'at-risk mental state' that start a NICE-recommended care package in the reporting period within two weeks of referral

Denominator

The number of referrals to and within the trust with suspected first episode psychosis or 'at-risk mental state' that start a NICE-recommended care package in the reporting period

Detailed guidance

More guidance is available at:

- www.england.nhs.uk/statistics/statistical-work-areas/eip-waiting-times/
- https://www.england.nhs.uk/mentalhealth/wp-content/uploads/sites/29/2016/02/tech-cyped-eip.pdf

Emergency readmissions within 28 days of discharge from hospital[12]

Indicator description

Emergency readmissions within 28 days of discharge from hospital

Indicator construction

Percentage of emergency admissions to a hospital that forms part of the trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the trust

[12] This definition is adapted from the definition for the 30 days readmissions indicator in the *NHS Outcomes Framework 2013/14: Technical Appendix.* We require trusts to report 28-day emergency readmissions rather than 30 days to be consistent with the mandated indicator requirements of the NHS (Quality Accounts) Amendment Regulations 2012 (S.I. 2012/3081).

Numerator

The number of finished and unfinished continuous inpatient spells that are emergency admissions within 0 to 27 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main specialty on readmission coded under obstetric; and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell.

Denominator

The number of finished continuous inpatient spells within selected medical and surgical specialties, with a discharge date up to 31 March within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on specialty, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days before admission are excluded.

Indicator format

Standard percentage

More information

Further information and data can be found as part of the NHS Digital indicator portal.

Inappropriate out-of-area placements for adult mental health services

Detailed descriptor

Total number of bed days patients have spent inappropriately out of area. In *Detailed requirements for quality reports* we have specified that the indicator should be stated as a monthly average.

Detailed guidance

More guidance is available at

- https://digital.nhs.uk/data-and-information/clinical-audits-and-registries/out-of-area-placements-oaps
- www.gov.uk/government/publications/oaps-in-mental-health-services-for-adults-in-acute-inpatient-care/out-of-area-placements-in-mental-health-services-for-adults-in-acute-inpatient-care

Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral

Detailed descriptor

The proportion of people who wait six weeks or less from referral to entering a course of IAPT treatment against the number of people who finish a course of treatment in the reporting period.

Numerator

The number of ended referrals that finish a course of treatment in the reporting period who received their first treatment appointment within six weeks of referral.

Denominator

The number of ended referrals that finish a course of treatment in the reporting period.

Accountability

75% of people referred to the IAPT programme begin treatment within six weeks of referral, in line with www.england.nhs.uk/wp-content/uploads/2015/02/iapt-wait-times-guid.pdf.

Detailed guidance

More guidance is available at

- www.england.nhs.uk/mental-health/adults/iapt/service-standards/
- www.england.nhs.uk/mental-health/resources/access-waiting-time/

- https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/improving-access-to-psychological-therapies-data-set/improving-access-to-psychological-therapies-data-set-reports

100% enhanced Care Programme Approach (CPA) patients receive follow-up contact within seven days of discharge from hospital

Detailed descriptor

The percentage of patients on CPA who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period

Numerator

The number of people under adult mental illness specialties on CPA who were followed up (either by face-to-face contact or by phone discussion) within seven days of discharge from psychiatric inpatient care during the reporting period

Denominator

The total number of people under adult mental illness specialties on CPA who were discharged from psychiatric inpatient care. All patients discharged from psychiatric inpatient wards are regarded as being on CPA during the reporting period.

Details of the indicator

All patients discharged to their place of residence, care home, residential accommodation, or to non-psychiatric care must be followed up within seven days of discharge. Where a patient has been transferred to prison, contact should be made via the prison in-reach team. The seven-day period should be measured in days not hours and should start on the day after the discharge.

Exemptions include patients who are readmitted within seven days of discharge; patients who die within seven days of discharge; patients where legal precedence has forced the removal of the patient from the country; and patients transferred to an NHS psychiatric inpatient ward.

All child and adolescent mental health services (CAMHS) patients are also excluded.

Accountability

Achieving at least a 95% rate of patients followed up after discharge each quarter

Detailed guidance

More detail about this indicator and the data can be found in the Mental Health Community Teams Activity section of the NHS England website.[13]

Additional note: Risk Assessment Framework

The former Monitor *Risk Assessment Framework* used a simplified definition, which referred to the indicator excluding patients transferred to another psychiatric unit without specifying 'NHS' unit as the definition above does. For foundation trusts affected by this distinction, we are content with the trust disclosing on either basis in the quality report, provided that:

- the basis is consistent between years and quality reports
- if specifying 'NHS' unit transfers as an exemption makes a difference to the reported indicator, the trust should disclose which basis is being applied.

Stroke 60 minutes

Detailed descriptor

The percentage of Face Arm Speech Test (FAST) positive stroke patients (assessed face to face) potentially eligible for stroke thrombolysis, who arrive at a hyperacute stroke centre within 60 minutes of emergency call.

Numerator

FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines arriving at hospitals with a hyperacute stroke centre within 60 minutes of emergency call connecting to the ambulance service.

Denominator

FAST positive patients (assessed face to face) potentially eligible for stroke thrombolysis within agreed local guidelines.

[13] www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/

Detailed guidance

More guidance is available at https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

Category 1 (C1) – life-threatening calls

Detailed descriptor

The mean average response time across all incidents coded as C1 that received a response on scene.

Numerator

The total response time aggregated across all incidents coded as C1 that received a response on scene in the period

Denominator

The count of incidents coded as C1 that received a response on scene.

Accountability

Mean response time of 7 minutes or less.[14]

Detailed guidance

Further information can be found on the Ambulance Quality Indicators section of the NHS England website.

Indicator format

The mean response time in minutes is the part of the indicator subject to assurance.

Category 2 (C2) – emergency calls

Detailed descriptor

The mean average response time across all incidents coded as C2 that received a response on scene.

[14] Per Section 6 of https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/04/20170926-Ambulance-System-Indicators.docx

Numerator

The total response time aggregated across all incidents coded as C2 that received a response on scene in the period.

Denominator

The count of incidents coded as C2 that received a response on scene.

Accountability

Mean response time of 18 minutes or less.[14]

Detailed guidance

Further information can be found on the Ambulance Quality Indicators section of the NHS England website.

Indicator format

The mean response time in minutes is the part of the indicator subject to assurance.

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